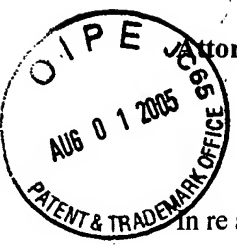


*IFW*

**PATENT**



Attorney's Docket No. NG-32020(1)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Donald R. Krause et al.

Application No.: 10/824,003                      Group No.: 1762  
Filed: April 14, 2004                      Examiner: Unknown  
For: Selectively Formed Lenticular Images

**CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10**

I hereby certify that, on the date shown below, this correspondence is being:

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**37 CFR 1.8(a)**

**37 CFR 1.10**

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Date: July 28, 2005                      *John H. Hawk*

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**ATTENTION: Group Director, Group 1762 (M.P.E.P., section 1002.02(c))**

**PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE  
(37 C.F.R. section 1.102(c) AND M.P.E.P. section 708.02 IV)**

Applicant, Roger J. Heathcote, hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is applicant's birth certificate.

No fee is required with this petition, in accordance with 37 C.F.R. section 1.102(c).

Date: 7/27/05

Reg. No.: 46992  
Tel. No.: 414-273-2100  
Customer No.: 022202

*Thomas J. Pienkos*

Thomas J. Pienkos  
Whyte Hirschboeck Dudek S.C.  
555 East Wells Street, Suite 1900  
Milwaukee, WI 53202

BEST AVAILABLE COPY

192-5-10-31-150M.

MARGIN RESERVED FOR BINDING

Write Plainly With Unfading Ink—This is a Permanent Record  
 This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER  
 OF DEATHS. SEND THIS CERTIFICATE TO THE REGISTER OF DEATHS when the monthly report is  
 mailed to the state office. DO NOT distribute these blanks to physicians, midwives or other persons required to report births  
 to you.

1. PLACE OF BIRTH		STATE OF WISCONSIN	
County of <u>Waukesha</u>		Department of Health—Bureau of Vital Statistics	
Township of _____		COPY OF BIRTH RECORD	
or Village of _____		Page No. _____ (To be filled out by the Registrar of Deaths)	
City of <u>Waukesha</u>		No. <u>344</u>	Second <u>4</u> Ward
2. FULL NAME OF CHILD <u>Roger Joseph Heathcote</u>			
Was 1% silver nitrate used to prevent infant blindness? <u>No</u>		Was child deformed or physically defective? <u>No</u>	
Nature of defect: _____			
3. Sex <u>M</u>	4. Plural Births <u>Single</u>	5. Twin, triplet, or other multiple birth <u>No</u>	6. Premature <u>No</u>
7. Legitimate <u>Yes</u>	8. Date of birth <u>May 29, 1938</u>	(Month, day, year)	
9. Full name of FATHER <u>Chas. E. Heathcote</u>		10. Full maiden name of MOTHER <u>Esther B. Stutz</u>	
11. Residence (Post Office) <u>110 So. Main St. Waukesha, Wis.</u>		12. Residence (Post Office) <u>Same</u>	
13. Color or race <u>W.</u>	14. Age at last birthday <u>34</u> (Years)	15. Color or race <u>W.</u>	16. Age at last birthday <u>28</u> (Years)
17. Birthplace (city or place) <u>Waukesha, Co. Wis.</u>		18. Birthplace (city or place) <u>Waukesha, Co. Wis.</u>	
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
23. Date (month and year) last engaged in this work <u>at present</u>		24. Date (month and year) last engaged in this work <u>at present</u>	
25. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>3</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated (Born alive or stillborn) Signed <u>Chas. E. Wilkinson</u> M. D. or _____ Midwife Address <u>Waukesha, Wis.</u> Filed <u>June 3, 1938</u> <u>Health Department</u> Registrar			

STATE OF WISCONSIN, }  
COUNTY OF WAUKESHA, } ss.

OFFICE OF  
REGISTER OF DEEDS

No. ...65150.....

I, ..... Maria L. Lattner....., Register of Deeds, of said County,  
do hereby certify that the attached is a true and correct transcript from the records in my  
office as recorded in volume...38.....of Births... on page 910.....; that I have  
carefully compared the same with said record, and that it is a correct copy thereof.

In Testimony Whereof I have hereunto set my hand and affixed  
my official seal this...11th day of...August....., A.D. 19: 60..

.....  
Register of Deeds  
(Official Title)

Fees. \$1.00.....

